CME: Sexual health

Sexual health is a topic that is seldom discussed, and hardly covered in the current medical curriculum. However, the World Health Organization (WHO) has said that sexual health is one of the basic rights of every person. This issue of CME, compiled by Megan Campbell and Dan Stein, addresses sexual health in the South African (SA) context, from a community perspective. Research shows that people are reluctant to bring up sexual health concerns with their doctors, and hope and expect that the doctor will address these issues as part of holistic care. There are few centres of excellence for sexual health in low- and middle-income countries, which is where most of the world’s population live, and such resources are badly needed. Few SA doctors currently receive the training required to address sexual dysfunction comprehensively, and there are no accredited SA training programmes in this area. This gap is also pertinent to the lesbian, gay, bisexual, transgender and intersex community. We hope that this issue of CME will start to fill some of these gaps.

Evidence for a founder effect for Parkinson’s disease in SA Afrikaners

Afrikaners, a unique ethnic group mainly descended from Dutch, German and French settlers to SA in the 17th and 18th centuries, suffer several disorders that occur at relatively high frequencies owing to founder gene effects. Some of these diseases can be traced back to German and French settlers to SA in the 17th and 18th centuries, poor nutrition, and exposure to tobacco, wood and charcoal smoke. Measures that may reduce the burden of otitis media include routine otological screening of schoolchildren and increased referral of children with recurrent ear disease for specialist opinion.

Insulin receptor substrate-1 Gly972Arg variant and type 2 DM

In contrast, a direct genetic basis, specifically carriage of Gly972Arg (the most common single-nucleotide polymorphism in the insulin receptor substrate (IRSI) gene), associated with a 25% increased risk for developing diabetes, does not account for the high prevalence of type 2 diabetes mellitus (T2DM) in the mixed-ancestry population of SA. In Vergotine et al.’s study,[ii] the first of its kind in Africa, 237 participants (24.7%) had T2DM. The overall prevalence of IRS1 Gly972Arg was 7.9%, with a higher occurrence of the variant found in non-diabetics, and it was not associated with obesity, insulin resistance/sensitivity or T2DM.

Our children deserve better

As part of student in-service training programmes, the Department of Optometry of the University of Johannesburg supplements the rudimentary optometry services to the community in one of the poorer suburbs of the city. In their Forum article, Mathee et al.[iii] report a high level of undiagnosed optometric need. Poorer urban communities, perhaps surprisingly, have limited availability of public sector eye-care services, and cannot manage the high costs of consultations, spectacles and transport. The simple provision of spectacles provided dramatic improvements in quality of life for schoolchildren and adults, transforming their school performance and earning power, respectively. The experience of this clinic raises the issue of access and availability of eye-care services in urban SA.